

**GUIDELINES ON HEAD LICE CONTROL FOR SCHOOL DISTRICTS
AND CHILD CARE FACILITIES (Revised October 2001)**
Infectious Diseases Branch
California Department of Health Services (DHS)

These guidelines are provided to assist local health departments, elementary schools, preschools, and child-care facilities in determining policies and procedures.

NO NIT POLICY. DHS recommends that schools and child care facilities maintain a no nit policy to prevent readmission of lice-infested children. This practice will assure parents the school is working to prevent head lice transmission. The essential components of a no nit policy are the following:

- ◆ Early detection through routine screening
- ◆ Denial of admission to children with lice or nits (Nits that are more than ¼ inch from the scalp have already hatched. If there are no lice and no nits close to the child's scalp, you might consider that the child is no longer infested.)
- ◆ Distribution of educational material to school staff and parents on head lice, nit combing, and treatment such as the DHS "Guidelines for Parents to Control Head Lice" (Revised October 2001)

Screening of all students should be conducted the first week that students return to school from vacations. DHS continues to support no nit policies until research with a larger sample size and less variables can validate the results of a study by the Centers for Disease Control and Prevention (CDC) published in Pediatrics in the May 2001 (Vol. 157 No. 5) issue. In that study, CDC stated that children with fewer than 5 nits that are a ¼ inch or less from the scalp probably won't develop lice.

DETECTION OF HEAD LICE. When a child is found with head lice contact the parents. Provide them with educational material on nit combing and treatment, and stress the importance of daily combing to remove all nits. If possible, schools should distribute metal nit combs to the parents. All children in the family should be checked for head lice. It is more likely that a child becomes infested in the home environment by sharing beds or by head-to-head contact with siblings and playmates, than at school. Schools may have a policy that notification be sent home with all children in the classroom when a classmate has lice, but this is not necessary when only nits are found.

CHRONIC CASES. If a child is found consistently infested with head lice, the child should be deemed a "chronic" head lice case. A chronic case is a child found infested during three separate months during a school year or for six consecutive weeks. It is important for schools to identify these children as their continuing infestations may signify other family or economic problems. These chronic cases should be reported to the school attendance review board and be addressed by a multi-disciplinary work group. The work group could consist of representatives from the local health department, social services, the school (district) nurse, and other appropriate individuals in determining the best approach to identifying and resolving the family problems that are impacting the school attendance of the child.

ENVIRONMENTAL CONTROL. Pesticide application to the school environment or at home is not recommended. Lice usually die within 2 days without a blood meal. Always keep each child's hat and other clothing on separate hooks. Once a child is found infested with head lice, the classroom can be vacuumed once a day to decrease the remote possibility of transmission of head lice.

Pillows and other classroom items may have nits or lice on them but are unlikely sources of infestation. They can be put in a dryer and run on hot for 20 minutes or placed in sealed plastic bags for two weeks (nits take 8-10 days to hatch) to prevent hatching lice from getting a blood meal on a child's head.

TREATMENT. Parents need to understand that the most important components of head lice control are thorough combing out of nits and lice with a metal nit or flea comb every day and a single treatment. Several brands of metal (not plastic) nit combs are available at local pharmacies including the LiceMeister®* metal comb with long teeth. Metal flea combs also work well for nit combing and can be bought at pet stores.

The current product of choice for treatment is a cream rinse formulation containing permethrin, such as Nix®*. Products containing pyrethrins are also acceptable. Preliminary results from two separate studies on head lice resistance in California in 2000 indicate no resistance in one and some resistance to permethrin in the other.

Treatment failure may be due to misidentifying the substance on the hair shaft as nits or not realizing it may take 8-12 hours for lice to die. Parents whose children continue to have lice after one treatment with permethrin and/or pyrethrin treatment along with thorough combing every day should be encouraged to contact their physician about an Ovide®* prescription, which was made available to Medi-Cal eligible families in 2000. California legislation last year prohibited the use of prescription products containing lindane (Kwell®*) after January 2002. More information on treatment is available at the CDC website:

http://www.cdc.gov/ncidod/dpd/parasites/headlice/factsht_head_lice_treating.htm

There is no scientific evidence to support the use of products such as vinegar or enzyme-based compounds advertised to dissolve the glue on the nits (to ease their removal) or kill the nits. Similarly, there are no scientific data to support claims that mayonnaise, olive oil, or tea tree oil on the hair "suffocates" the nits and lice.

Please contact your local health department for more information. These head lice guidelines, one for parents, and other DHS publications can be found at the following website: <http://www.dhs.ca.gov/ps/dcdc/disb/disbindex.htm>

*Use of a product name is for identification purposes only and does not constitute endorsement.